

New Case Memo

FOR OFFICE USE ONLY

File Number: _____

Date Opened: _____

CLIENT INFORMATION

NEW CLIENT _____ PRESENT CLIENT _____

YOUR NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY _____ PARISH _____ STATE _____ ZIP _____

PHONE: HOME(_____) _____ BUSINESS(_____) _____ FAX(_____) _____

CELL(_____) _____ EMAIL _____ @ _____

NAME OF POTENTIAL CLIENT _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ WIDOW _____

ANY CHILDREN? IF SO, PROVIDE THEIR NAMES AND AGES:

IF CORPORATION PLEASE PROVIDE:

FEDERAL TAX ID NUMBER _____ MAJOR SHAREHOLDERS _____

Referred by (please circle one):

AARP

ATTORNEY

BAR ASSOCIATION

BROKER

BUS BENCH

EMPLOYEE

FINANCIAL ADVISOR

FRIEND

INDEPENDENT FINANCIAL GROUP

LIEN LETTERS

SEMINAR

PRESENT CLIENT

PREPAID LEGAL SERVICES

PREVIOUS CLIENT

PROVOSTY LAW FIRM

RADIO SHOW

WEBSITE

YELLOW PAGES

Please list Name if Known _____

NOTICE

Payment is REQUIRED within thirty (30) days of receipt of invoice when services are rendered. There will be a \$20.00 NSF charge on all returned checks. Failure to cancel an appointment within 24 hours of the scheduled time will result in a full charge to the clients's account.

There is no fee for the initial consultation, however, if you schedule a second visit and do not retain Losavio & DeJean, LLC you will be billed at the consulting attorney's hourly rate. Payment is due at conclusion of the second consultation.

Accounts are considered "**PAST DUE**" after 90 days and are subject to being turned over to an outside agency for collection. A "Processing Fee" of 35% of the unpaid balance will be added to any account turned over to a collector.

For your convenience, payment can be made by cash, check or credit card. We will gladly furnish you with a receipt if you need it for tax purposes.

I HAVE READ AND AGREE WITH THE ABOVE STATED TERMS:

SIGNATURE OF RESPONSIBLE PARTY

DATE

CASE INFORMATION

Name of File:

Type of Case:

Originating Attorney: ___ PJL ___ KSD ___ BJM Responsible/Assigned To: ___ PJL ___ KSD ___ BJM

Adverse Party:

Address:

Phone(s):

Counsel:

Firm:

FEE ARRANGEMENTS

Please Check One:

_____ Fixed Fee of \$ _____ (+ Estimated Costs of \$ _____)

_____ Standard Hourly Rate

_____ Minimum Fee of \$ _____ (+ Estimated Costs of \$ _____)

_____ Contingent Fee of _____ % of the amount recovered _____ saved _____ other _____

BILLING ARRANGEMENTS

_____ Flat Fee - Remainder to be billed upon completion

_____ Contingent Fee - to be billed upon completions

_____ Hourly Fee - to be billed monthly

Retainer of \$ _____ received on _____

NOTES

